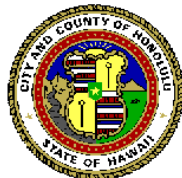


DEPARTMENT OF TRANSPORTATION SERVICES
CITY AND COUNTY OF HONOLULU

650 SOUTH KING STREET, 3RD FLOOR
HONOLULU, HAWAII 96813
Phone: (808) 768-8305 • Fax: (808) 768-4730 • Internet: www.honolulu.gov



COMPLAINT FORM

Information/Instruction

Title VI, Civil Rights Act, 1964 states "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: City & County of Honolulu, Department of Transportation Services, Public Transit Division, Fixed Route Operations Branch; 650 South King Street, 3rd Floor, Honolulu, HI 96813.

Section I		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	Large Print	Audio Tape
	TDD	Other:
Section II		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
Section III		
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Low Income <input type="checkbox"/> Limited English Proficiency		
Date of Alleged Discrimination (Month, Day, Year): _____ Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use additional sheets.		

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		